

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047473

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 28 1962

160

559

183

## 1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN FESTUS (JOACHIM)

Length of stay in 1b

16 HRS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

JEFF. MEMORIAL HOSP.

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JEFF.

c. CITY  
OR TOWN

DESOTO

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

1319 COURT DRIVE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HENRIETTA

AMELIA

MOUNTFORD

4. DATE  
OF DEATH

Month

Day

Year

DEC. 16 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2/3/82

## 9. AGE (last birthday)

80

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

AT HOME

## 10b. KIND OF BUSINESS OR INDUSTRY

\*

## 11. BIRTHPLACE (City and state or country)

NARINFELDT GERMANY

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

ERNEST BAHR

## 13b. MOTHER'S MAIDEN NAME

AMELIA SCHPLETT

## 14. NAME OF HUSBAND OR WIFE

WM. H. MOUNTFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

\*

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

O METFORD MOUNTFORD, DESOTO Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Arterial

INTERVAL BETWEEN  
ONSET AND DEATH

20 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Discrete mitral @ Ch. regurgitis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

2/24/53

to 12/16/62

and last saw her alive on 12-15-62

8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Thas E. Talbot MD

## 22b. ADDRESS

Desoto Mo

## 22c. DATE SIGNED

12/17/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

12/18/62

## 23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

## 23d. LOCATION (City, town, or county)

DESOTO Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

DIETRICH F. HOME DESOTO Mo.

## 25. DATE RECD. BY LOCAL REG.

12-18-62

## 26. REGISTRAR'S SIGNATURE

J. A. F. Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

10500

205052

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Samuel B. Stetler*

Licensed Embalmer No.

*4104*

P. O. Address

*Depto Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.